

**LITERAL ENGLISH TRANSLATION OF****P.C.T. APPLICATION NO. PCT/DE2004/002503****Human Monoclonal Antibody Having a Fat-Reducing Effect**

The invention relates to a purified polypeptide (SAM-6.10) and its use in combination with conventional adjuvants and/or carrier substances for producing a drug having a fat-reducing effect and for producing a drug for treating renal diseases.

**Background of the Invention**

Excessive cholesterol (hyperlipoproteinemia) in the body leads to sclerosis (arteriosclerotic plaque) of the interior layers of the blood vessels, and to a gradual hardening and thickening of the arterial walls. In an extreme case, it threatens blocking of the vessels, or in the event of rupture of the plaque, thrombus formation. Arteriosclerosis with its secondary illnesses (coronary illnesses, heart attacks, peripheral arterial diseases and strokes) is still the most frequent cause of death in the western world. Well over half of all the financial resources available for medical care are estimated to be spent for the consequences of arteriosclerosis. To clarify the causes of arteriosclerosis, various theories have been developed, of which the lipid theory is the most highly regarded.

In general, it can be stated that the higher the LDL cholesterol level or level of oxidized LDL cholesterol in the blood, the high the risk of vascular hardening, for example with the consequence of a heart attack. Overweight and hypercholesterolemia are the most important risk factors for the development of arteriosclerosis.

### **Definitions and terms**

Fats such as cholesterol are soluble neither in water nor blood plasma. To allow them nevertheless to be transported to individual body regions, the fats are bound to particular albuminous substances (proteins) as soon as they occur in the blood. These compounds, comprising lipids (fats) and proteins, are termed **lipoproteins**.

The "lipoproteins" of the plasma are high-molecular weight water-soluble complex comprising lipids (cholesterol, triglycerides and phospholipids) and apolipoproteins. The cholesterol-containing lipoprotein LDL cholesterol causes arteriosclerosis and is also known as "bad" cholesterol, with the oxidized form of cholesterol being even more dangerous for the body.

"Cholesterol" is synthesized ubiquitously in the body and is an essential component of cell membranes and lipoproteins. In contrast to the triglycerides and phospholipids, which are also synthesized endogenously, the sterol ring of the cholesterol molecule can not be broken down again; cholesterol is transformed into bile acid in the liver or excreted unchanged with the bile into the gut.

In plasma, cholesterol is present as 25 to 40 % free (non-esterified) cholesterol and 60 to 75 % esterified with unsaturated fatty acids. Both forms together are known as the total cholesterol. Because of the low water solubility, cholesterol is transported in plasma as a complex with apolipoproteins. In the blood, about 70 percent of the total cholesterol is transported via low-density lipoproteins (LDL).

"Triglycerides" are esters of glycerine with three fatty acid residues. In the same way as cholesterol, the triglycerides are also transported in plasma bound to apolipoproteins because of their poor solubility

"Lipoproteins" are synthesized in the liver or gut and transport liposoluble substances such as cholesterol in the blood.

Lipoproteins are classified according to their density into five density classes: chylomicrons, very low density lipoproteins (VLDL), low density lipoproteins (LDL) and high density lipoproteins (HDL). Chylomicrons, whose physiological concentration in fasting serum, unlike that of other lipoproteins, is very low, are vehicles for transporting exogenous glycerides. The physiological distribution of the other lipoproteins is as follows: VLDL 10 %, LDL 70 % and HDL 20 %. VLDL are the precursors of LDL and vehicles for the transport of endogenous glycerides. LDL are produced by hydrolysis of VLDL. LDL and HDL are both regulators of cellular cholesterol homeostasis, with HDL also regulating lipolysis (splitting of triglycerides into glycerol and free fatty acids). LDL have a diameter of about 20 nm. HDL are the smallest (7-10 nm) and the most protein-rich lipoproteins. Besides native LDL (LDL), oxidized LDL (oxLDL) is also detectable in the blood serum. oxLDL interacts with endogenous plasma proteins, particularly glycoproteins via specific ligands and forms oxLDL glycoprotein complexes.

"Apolipoproteins" are a component of lipoproteins and, together with polar lipids, as a kind of outer shell, surround the lipoprotein core, which is made up of hydrophobic lipids. With the exception of LDL, which only contains apoprotein B, the individual lipoprotein classes have a plurality of apolipoprotein classes with different structures.

### **Lipoprotein transport**

Cholesterol is principally transported via the two lipoprotein classes LDL and HDL. LDL are primarily responsible for cholesterol transport to peripheral cells that possess specific receptors for LDL. HDL permit and accelerate the removal of cholesterol from the extra-hepatic cells and vessel walls and transfer it to the livers.

### **Pathology**

As regards the pathology of lipid metabolism disorders, it can be said in general that elevations in LDL cholesterol in conjunction with reductions in HDL cholesterol pose the most prominent increased risk of arteriosclerosis. In the pathogeny, LDL, whose particles make a substantial contribution to the formation of atherosclerotic plaques, and HDL therefore play contradictory roles. The quotients of total cholesterol/HDL cholesterol and, in particular, LDL cholesterol/HDL cholesterol are the deciding factors for assessing the risk of heart attack. (Epidemiological studies (Framingham study) also refer to the protective effect of HDL cholesterol.) The secondary diseases of arteriosclerosis, besides coronary heart disease and peripheral arterial diseases, also include heart and brain infarcts (strokes).

oxLDL, just like LDL, probably causes arteriosclerotic plaques, with oxLDL posing the biggest danger for the body.

But oxLDL also appears to play an important role in other diseases. In patients with chronic kidney failure and diabetes, the concentration of oxLDL glycoprotein complexes is higher than in healthy patients.

LDL is also removed from the blood circulation by the liver and by macrophages. Macrophages are cells of the immune system, which are capable of phagocytosis of larger particles.

The "scavenger pathway" is a known model for explaining how cells engulf particles (phagocytosis). The incorporation of solid particles (debris, foreign bodies, bacteria or LDL plaques) into the cell interior of phagocytes, with subsequent intracellular breakdown, is carried out by phagocytosis. The phagocytic cells are known as phagocytes and consist predominantly of tissue macrophages and mobile blood monocytes.

In phagocytosis, after the particles become attached to the cell membranes of the phagocytes by binding to Fc and complement receptors on the membrane, contractile structures are activated within the cytoplasm. Local inversions of the cell membranes then cause inclusion of the particles in the cytoplasmic vacuoles.

So-called scavenger phagocytes are found in lymph nodes in and along the fibre strands that comprise the medulla.

Whereas the lymph passage from the afferent to the efferent end of the lymph node, particular antigens are removed by the phagocytic cells.

It is further known that the adherence to phagocytic cells, such as polymorphonuclear leucocytes and macrophages, is increased by the attachment of immunoglobulins (Ig) to the surface of bacteria (and other antigens). It is supposed that the increased adherence is effected by attachment of the Fc component of the immunoglobulin to the Fc receptors of the phagocytes. After the antigens have been made "appetizing" by the attachment of (or binding of) antibodies, the complex of antigen and antibodies is taken up and ingested faster by the phagocytic cells. The coating of the antibody surface with

immunoglobulins is also known as opsonin-mediated (Fc) adherence, and plays an important role in the immune response.

The antibodies binding to the surface of bacterial cells are capable of fixing particular components of the extracellular liquids. In generic terms, these components are termed the "complement." Animal tests have shown that the phagocytosis of cells coated with antibodies is delayed in animals lacking complement. It is thus obvious that opsonization involves a synergy between antibodies and complement.

#### **Description of the invention**

Drugs of the prior art for reducing LDL cholesterol act by inhibiting the key enzyme for cholesterol synthesis (CSE). For example, one cholesterol synthesis inhibitor is a substance that has become known under the trade name Lipobay. The side effects of CSE inhibitors are generally considerable, including, inter alia, gastrointestinal diseases, sleep disturbances, dizziness, visual disturbances, allergic reactions and hair loss. An approach that is only in the test stage, specifically only in the case of severe familial hypercholesterolemia, is somatic gene therapy, which consists of transferring the gene for the LDL receptor to autogenic liver cells.

So far, no substance that acts as a fat reducer and is largely free of side effects has been available on the market. In particular, no antibodies that induce a severe intracellular accumulation of lipoproteins are so far known. Although the harmful role of lipoproteins in renal diseases (lipid-induced damage of cells of the glomerulus filtration system of the kidney) is known, there is so far no antibody-based therapy of renal diseases, in particular glomerulonecrosis.

The object of the invention consists in the generation of a new substance or of a new substance class for the preparation of a drug for reducing the LDL cholesterol or of the oxLDL cholesterol in humans and animals with the advantageous goal of reducing the risk of infarct.

To achieve this object, a polypeptide is proposed, the amino acid sequence of which is essentially identical to the amino acid sequence of SEQ ID NO:1 and/or SEQ ID NO:3, and

- binds the low density lipoproteins (LDL) and/or oxidized LDL (oxLDL), in particular LDL cholesterol and/or oxidized LDL cholesterol (oxLDL cholesterol),

The gist of the invention consists in the surprising observation that a purified polypeptide whose sequence corresponds entirely or partly to the light ( $V_L$ ) or heavy chain ( $V_H$ ) of a human monoclonal antibody (SAM 6.10), effects reduction of the low density lipoprotein (LDL) and/or oxLDL. The discovery of this property, which suggests the use of the polypeptide as a fat reducer in a corresponding pharmaceutical formulation, was made in the course of biochemical characterization of the polypeptide. Advantageously, the binding of the polypeptide according to the invention or of the fragments of the polypeptide to LDL and/or oxLDL and to VLDL, the precursors of LDL, is stronger than the binding to HDL. As a result of this property, the polypeptide according to the invention leads to a low value for the respective quotient of LDL/HDL and/or oxLDL/HDL, and thus minimizes the risk of infarct.

The specific binding of the polypeptide to low density lipoproteins (LDL and/or oxLDL), or LDL cholesterol and/or oxLDL cholesterol has been proven experimentally by the ELISA method. In the same experiment, it was also possible to prove that the binding of the substance according to the invention to high density lipoproteins (HDL) is weak.

The antibody according to the invention comprises the groups termed VL, VH, Fv, Fc, Fab, Fab', F(ab')<sub>2</sub> according to the conventional nomenclature for describing antibodies. The aforementioned groups are also known as fragments. It is entirely possible that an individual fragment is the cause of the fat-reducing effect of the polypeptide according to the invention. In a further development of the substance according to the invention, the substance is a human monoclonal antibody.

The term "functional fragment" in the sense of the invention describes a polypeptide that has at least one of the biological activities that is also shown by the entire polypeptide. In the case of antibodies, it is known, for example, that not all CDR regions are necessary for the specific binding. That is to say that the specific binding of the antibody can be effected by only one CD region, although a total of 3 CD regions are present. The specific binding of the antibody to an antigen can lead, for example, to the induction of apoptosis or to the inhibition of cell proliferation. The biological activity of a functional fragment can be measured by various methods known to the person skilled in the art. A method for measuring the interaction between antibodies and LDL, in particular LDL cholesterol, is the ELISA method.

The complementarity-determining regions (CDRs) of the polypeptide sequence includes the amino acid sequence that is essentially identical to the amino acid sequence Ser-Gly-Asp-Lys-Leu-Gly-Asp-Lys-Tyr-Ala-Cys (CDR1), Gln-Asp-Ser-Lys-Arg-Pro-Ser (CDR2) and Gfn-Ala-TrpAsp-Ser-Ser-Ile-Val-Val (CDR3) of SEQ ID NO:1 of the variable region of the light chain (VL); see also Figure 2.

The complementarity-determining regions (CDRs) of the peptide sequence include amino acid sequences that are essentially identical

to Ser-Tyr-Ala-Met-His (CDR1), Val-Ile-Ser-Tyr-Asp-Gly-Ser-Asn-Lys-Tyr-Tyr-Ala-Asp-Ser-Val-Lys-Gly (CDR2) and Asp-Arg-Leu-Ala-Val-Ala-Gly-Lys-Thr-Phe-Asp-Tyr (CDR3) of SEQ ID NO:3 of the variable region of the light chain ( $V_L$ ); see also Figure 4.

A polypeptide or a nucleic acid sequence is termed "essentially identical" if it has at least 75 %, 80 %, 85 % or 90 % [identity] with the amino acid sequence (SEQ ID NO: 1 and 3) quoted as reference or with the nucleic acid sequence (SEQ ID NO: 2 and 4). In a further development of the polypeptide or of the nucleic acid sequence, at least 95 %, 98 %, 99 % or 100 % identity in comparison to the quoted references can be demonstrated. For polypeptides, the length of the comparison section will in general have at least 5, 10, 15 or desirably at least 20 or 25 sequential amino acids.

The polypeptide according to the invention can be generated by a method known by the name hybridoma technology (Köhler, Millstein, Nature, 1975, Vol. 256 495) and permits the isolation of monoclonal antibodies. It is based on the in-vitro isolation of cellular hybrids that are obtained by the cell fusion of normal lymphocytes with myeloma cells (e.g. HAB-1) of unlimited viability and reproducibility. The hybridoma cells produced in this way have the properties of both parent cells. Correspondingly they have the capability of lymphocytes to produce antibodies (e.g. SAM 6.10) and the capability of myeloma cells for unlimited division and thereby to produce antibodies in large amounts. Each hybrid cell resulting from the fusion produces monoclonal antibodies whose specificity is determined by the original lymphocyte cell. The hybridoma cells are reproduced and then those selected that produce antibodies of the desired specificity. The cultivation of this selection and their isolation leads to antibodies with highly specific reactivity, which only react with particular antigenic

determinants.

The evidence of the substantial reduction of the low density lipoprotein (LDL) level (or of the LDL cholesterol level) or of the respective oxidized form in the blood plasma has been confirmed in an animal experiment without the HDL level in the detectable range falling. An essential feature of these is that the vital functions of the animals are not affected during administration of the antibody, so that the substance according to the invention can so far be described as free of side effects. (The mechanism of the antibody according to the invention could be explained by analogy with the mechanism of the known scavenger pathway.)

Another indication for the use of the medicament according to the invention is the treatment of renal diseases, in particular glomerulonecrosis (glomerulosclerosis).

It lies within the scope of the invention that the polypeptide according to the invention is preferably used in purified form for the preparation of the drug, all methods known to a person skilled in the art (e.g. affinity chromatography, gel filtration) coming into consideration for purification. As indication of the substance according to the invention, the fat-reducing effect is foremost, with emphasis on the selective reduction of LDL or LDL-cholesterol. As a result of the property of binding LDL and/or oxLDL more strongly than HDL, the polypeptide according to the invention leads to a low value for the quotients of LDL/HDL and/or oxLDL/HDL, and thus minimizes the infarct risk.

The adjuvants and carrier substances for preparing a drug are known to a person skilled in the art and can be produced by conventional means (see Remington: The Science and Practice of Pharmacy (20th ed.), ed. A.R. Gennaro, Lippincott Williams & Wilkins, 2000 and Encyclopedia of

**Pharmaceutical Technology, eds. J. Swarbrick and J. C. Boylan,  
1988-1999, Marcel Dekker, New York).**

## Material and Methods

### Immortalization of lymphocytes and primary testing of the antibodies

The lymphocytes are immortalized by fusing with the heteromyeloma HAB-1 (Faller et. al, 1990) according to the standard protocol and incubating. In summary, lymphocytes are fused with HAB-1 cells by means of PEG. The triomes are seeded on four 24-well plates. The average growth frequency is 80-90 %; 50 % of the growing clones secrete immunoglobulins. The first testing of the secreted human monoclonal antibodies was carried out by ELISA to determine the isotype. The human monoclonal antibodies can subsequently be analyzed by immunohistochemical, genetic, biochemical and molecular biological techniques.

#### Required materials:

- RPMI 1640 (PAA company) without supplements  
RPMI 1640 with HAT supplement (HAT-Supplement, PAA company) and 10% FCS, 1% glutamine and 1% penicillin/streptomycin
- Wash HAB-1 (fusion partner) twice with RPMI without supplements
- Centrifuge for 5 min. at 1,500 rpm
- thaw out frozen lymphocytes (from spleen, lymph nodes or blood) and wash twice with RPMI without supplements; also centrifuge.
- Suspend the two pellets in 10 ml RPMI without supplement each, and count in the Neubauer counting chamber
- Fuse Hab-1 to lymphocytes in a ratio of 1:2 – 1:3
- Bring the cell pellets together after the second washing, mix and centrifuge for 8 min. at 1,500 rpm
- Carefully drip the PEG (Polyethylene Glycol 1500, from Roche), which was previously heated to 37 °C, onto the pellet with gentle rotary movement of the 50 ml test tube
- Resuspend slightly and then allow to rotate for exactly 90 s in the water bath at 37 °C
- Then wash out the PEG with RPMI without supplements (two full 10 ml pipettes)
- Centrifuge for 5 min. at 1,500 rpm
- Plate-out the 24-well plates with 1 ml per well of RPMI with HAT supplement (HAT = hypoxanthine, aminopterine, thymidine)
- Dissolve the pellet in RPMI with HAT supplement

- Pipette one half-ml of the cells in each case into a 24-well plate
- Place the fusion plates in the incubator
- Exchange the medium with RPMI with HAT supplement once per week

#### **Purification of the SAM 6.10 antibody**

Purification of the culture supernatant by cation-exchange chromatography via FPLC

For this purpose, the hybridoma cells producing the SAM-6.10 IgM antibodies were cultured in a special serum-free cell culture medium (AIMV medium, Gibco) and the IgM content in the culture supernatant was determined by nephelometry. For purification, the culture supernatant was adjusted to a pH of 5.9 and the solution filtered. For binding, a special cationic column (HiTrap™ SP FF column, 5 ml, Amersham Bioscience) was used. The column was equilibrated with filtered buffer A (20 mM phosphate buffer, pH 5.9) at the beginning of purification. Then the culture supernatant cooled on ice was applied to the column at a flow rate of 1 ml/min. After application of the supernatant, the column was washed with buffer A for 20 min at a flow rate of 2 ml/min, until a constant base line so that not all bound proteins are removed. Subsequently the antibodies bound to the column were eluted by admixing buffer B (20 mM phosphate buffer, 1 M NaCl, pH 8.0) and collected in fractions. The SAM-6.10 antibody (IgM) content in the individual fractions was subsequently determined by nephelometry and the purity and intactness of the purified antibody was tested by SDS-PAGE and western blot analysis.

#### **Measurement of oxLDL**

Measurement is carried out by means of the Oxidized LDL ELISA test kit from Mercodia, Uppsala, Sweden. Test principle: Oxidized LDL ELISA is a solid phase two-site enzyme immunoassay. It is based on

the direct sandwich technique in which two monoclonal antibodies are directed against a specific antigen on oxidized LDL apolipoprotein B. During incubation, oxidized LDL in the sample reacts with anti-oxidized LDL antibodies bound to wells in the microtitre plate. After washing, in which the non-reactive components of the sample are removed, a peroxidase-conjugated anti-human apolipoprotein B antibody detects the oxidized LDL that is bound to the solid phase. After a second incubation and washing, which removes the antibodies marked with the unbound enzyme, the conjugate is detected by reaction with 3, 3', 5, 5' tetramethylbenzidine (TMB). The reaction is stopped by the addition of acid to define a colorimetric end point, which is read spectrophotometrically at 450 nm.

#### **Measurement of the binding of SAM-6 to oxLDL**

An ELISA plate (Becton Dickinson Labare Europ, France) was incubated overnight at 4 °C with the LDL fractions oxidized to different extents. The non-specific binding sites were blocked with RPMI 1640 medium containing 10 % FCS for 1 h. Then the plate was incubated with 60µg/ml SAM-6 antibody for one hour at 37 °C. After washing three times with PBS, the ELISA plate was incubated for 1 h with HRP-coupled secondary antibody (rabbit anti human IgM, Dako Hamburg, Germany, 1:1000 in PBS). Then the plate was washed again with PBS and citrate buffer, OPD (DakoCytomation, Glostrup, Denmark) added and the colour change at 490 nm was measured with an ELISA reader.

#### **Flow cytometry (FACS analysis)**

The adherent cells used were detached from the base of the culture bottles by treatment with trypsin/EDTA) The reaction was stopped with 10 ml RPMI 1640 medium (+supplements) and the cells were pelleted at 1000 x g for 5 min. The cells were washed twice with PBS, suspended in FACS buffer (PBS, 0.01 % Na azide) and put on ice for

30 min to reconstitute the cell membranes. Then the cells were adjusted to a density of  $1 \times 10^6$  cells/ml and 200  $\mu$ l of the cell suspensions were transferred to the FACS reaction vessels so that there was a cell count of  $2 \times 10^5$  cells per test tube. The cells were pelleted for 5 min. at 4 °C and 1,400 rpm, the pellets resuspended and incubated with the primary antibodies for 15 min. on ice. As primary antibodies, 100  $\mu$ g/ml SAM-6 antibodies in FACS buffer (total volume 200  $\mu$ l) or 100 mg/ml LDL were used. 100  $\mu$ g/ml Chompure human IgM acted as isotype control. Alternatively, the cells were preincubated with LDL for 30 min. and then 100  $\mu$ g/ml SAM-6 antibodies added for 15 min.

After incubation, the cells were centrifuged off; the supernatant was discarded and the pellets were washed with 500  $\mu$ l cold FACS buffer. This was followed by a 15-minute light-protected incubation with the FITC-coupled secondary antibody (rabbit anti human IgM, FITC-coupled, 1:50 in FACS buffer for SAM-6 or Chompure human IgM). After washing again, the cells were suspended in 200  $\mu$ l cold FACS buffer and stored, light-protected, on ice until measurement. Measurement was carried out by means of a flow cytometer (FACScan; Becton Dickinson, USA).

**Animal experiments for demonstrating the *in vivo* effect of the SAM 6.10 antibody**

**Experiment 1:** 500  $\mu$ g purified SAM 6.10 antibodies was injected intraperitoneally. The LDL concentration in the blood serum was measured after 2 days (see below for method).

Experiment 2: as above

**Experiment 3:** 1 mg purified SAM 6.10 antibodies was injected

intraperitoneally. The LDL concentration in the blood serum was measured after 14 days.

Control A: Normal values control mouse

Control B: Normal values control mouse

The serum concentration of LDL is significantly reduced in the mice treated with SAM 6.10 (see figures 10 and 11).

### Toxicity

500 µg and 1mg respectively of purified SAM 6.10 antibodies was injected intraperitoneally into mice.

- no acute toxicity
- no latent toxicity (period 3 months).

The organs of the dead mice from experiments 1, 2 and 3 (see above) were removed and investigated: The liver, lung, heart, spleen, small intestine, large intestine, kidneys, stomach and brain did not show any morphological changes. The organs were furthermore investigated immunohistochemically for any lipid deposits. Staining with Sudan III did not show lipid deposits in any organ.

The organs of the sacrificed mice were fixed in formalin and embedded in paraffin. Staining was carried out with Sudan III dye according to the following protocol:

### Sudan III staining on paraffin sections / for macrophages

#### Deparaffining:

- Xylene 1 5 min.
- Xylene 2 5 min.
- 100 % Ethanol 1 5 min
- 100 % Ethanol 2 5 min

- Methanol 70 ml  
+ H<sub>2</sub>O<sub>2</sub> 500 µl 5 min
- 90% Ethanol 1 3 min
- 90% Ethanol 2 3 min
- 80% Ethanol 1 3 min
- 80% Ethanol 2 3 min
- 70% Ethanol 1 3 min
- 70% Ethanol 2 3 min
- Place sections in PBS
- Incubate sections for 15 min with Sudan III
- Wash with aqua dest.
- Immerse 1x in 60 % isopropanol
- Wash with aqua dest.
- Counter stain with haemalaun for 6 min.
- Soak sections for 10 min, wash with aqua dest and mount in glycerine gelatine

For Sudan III staining of macrophages, the adherent macrophages are grown on object slides and then treated with the corresponding reagents. Staining is carried out as follows:

- Fix the cells in 60% isopropanol (6 min)
- Incubate for 20 min with Sudan III
- Wash with aqua dest.
- Counterstain with haemalaun for 6 min
- Soak sections for 10 min, wash with aqua dest and mount in glycerine gelatine

#### **Determination of lipids in blood samples**

Measurement of the various lipids in blood serum was carried out automatically with the MODULAR D P800 instrument (Roche).

Determination of the LDL cholesterol value was carried out by enzymatic colorimetry (CHOD/PAP) without sample pre-treatment.

**Test principle for determining the lipid concentration in serum:**  
HDL, VLDL and chylomicrons are selectively hydrolysed by a detergent 1. The cholesterol liberated in these lipoproteins reacts

immediately as a result of the enzymatic action of the cholesterolesterase (CE) and cholesteroloxidase (CHOD), and hydrogen peroxide is produced. The latter forms a colourless product with 4-aminoantipyridine in the presence of a peroxidase (POD). During this step, the LDL particles remain intact. The reaction of LDL cholesterol is initiated by the addition of detergent 2 and the coupling substance N,N-bis(4-sulphobutyl)-m-toluidine (DSBmT). The second detergent liberates cholesterol in the LDL particles. in the enzymatic reaction, a dye is formed in the presence of the coupling substance. The intensity of the red quinine imine dye formed is directly proportional to the LDL cholesterol concentration. It is determined by measuring the increase of extinction at 552 nm.

#### **ELISA (LDL/HDL)**

- Precoat the ELISA plate with LDL (Lipoprotein low density from Human Plasma, Sigma, 10 µg/ml in PBS) or HDL (human HDL, Chemicon, 10 µg/ml in PBS) → 50 µl per well
- Cover plate and store overnight at 4 °C
- Next day, wash plate 2x with PBS
- Pipette 100 nl of RPMI into each well and incubate for 1 h at room temperature
- Then wash 2x with PBS
- Pipette 50 µl in each case of the respective positive controls into 2 wells (double determination)  
Positive control: Mab to human LDL mouse IgG2a 1:1000 in PBS
- Alongside, 50 µl RPMI as negative control (double determination)
- Pipette 50 µl of the samples (supernatant SAM6.10) (double determination) side by side
- Incubate for 1h in the incubator
- Wash 2x with PBS
- Wash 2x with PBS/0.05 % Tween
- Wash 2x with PBS
- Pipette 50 µl of the respective second AK (peroxidase conjugated): Rabbit anti human IgM 1:1000 in PBS/0.05 % Tween (for SAM 6.10) Rabbit anti mouse IgGs 1:1000 with PBS Tween (for positive control LDL)
- Incubate for 1h in the incubator
- Wash 2x with PBS
- Wash 1x with PBS/0.05 % Tween
- Wash 2x with PBS
- Wash 2x with citrate buffer
- For evaluation: Dissolve OPD tablet (Dako, Hamburg) in citrate

- buffer + H<sub>2</sub>O<sub>2</sub> (3 ml citrate buffer + one tablet + 5 µl H<sub>2</sub>O<sub>2</sub>)
- Pipette 50 µl dye into each well
  - When there is a positive reaction (yellow coloration), stop with 10 µl 3 M H<sub>2</sub>SO<sub>4</sub>

### **Explanation of figures**

#### **Sequence listing**

Figure 1 shows the amino acid sequences (SEQ ID NO:1) of the variable region of the light chain (V<sub>L</sub>).

Figure 2 shows the nucleotide acid sequences (SEQ ID NO:2) of the variable region of the light chain (V<sub>L</sub>). The complementarity-determining regions (CDRs) are indicated by horizontal lines and are substantially identical to nucleotides 67-99 (CDR1), 145-165 (CDR2) and 262-288 (CDR3) of SEQ ID NO:2.

Figure 3 shows the amino acid sequences (SEQ ID NO:3) of the variable region of the heavy chain (V<sub>H</sub>).

Figure 4 shows the nucleotide acid sequence (SEQ ID NO:4) of the variable region of the heavy chain (V<sub>H</sub>). The complementarity-determining regions (CDRs) are indicated by horizontal lines and are substantially identical to nucleotides 91-105 (CDR1), 148-198 (CDR2) and 295-330 (CDR3) of SEQ ID NO:4.

#### **Cell-biological experiments**

The figures explained below are not intended to restrict the invention, but only to explain it and prove its feasibility with reference to examples.

Figure 5 shows the measurement of oxLDL in dependence on the incubation time with a copper sulphate solution. In the experiment, LDL (Sigma, Taufkirchen, Germany) was oxidized for 3 and 15 h

respectively by incubation with 20 µM CuSO<sub>4</sub>. The amount of oxidized LDL was determined with the Mercodia Oxidized LDL ELISA, according to the instructions for use. It can be clearly seen that the amount of oxidized LDL increases with increasing incubation time, with each LDL fraction that was not treated with copper ions being already partly present in oxidized form. After 15 hours' incubation, the proportion of oxidized LDL has approximately doubled.

Figure 6 shows the proof of binding of SAM-6 to oxLDL. To prove binding of SAM-6 to oxLDL by means of the ELISA binding assay, the ELISA plate was precoated with LDL fractions oxidized to different degrees before the primary antibody SAM-6 and the secondary antibody anti-human IgM, required for detection purposes, were added. The result shows that the more LDL that is present in its oxidized form, the more strongly the antibody SAM-6 according to the invention binds.

Figure 7 shows the result of an FACS analysis. The cells used for this purpose are of the mouse macrophage cell line P388D1(IL-1) (DSMZ Accession No. ACC 288). Figure 7A shows the binding of LDL to macrophages. Figure 7B proves that the human monoclonal antibody SAM-6, too, binds to macrophages. The proof of binding of a control IgM to macrophages in Figure 7C demonstrates that the macrophages possess µ receptors. The rightward shift of the signal in Figure 7D demonstrates that simultaneous incubation of LDL and SAM-6 effect a multiple binding of SAM-6 to the cells.

Figures 8 and 9 show the result of the Sudan III staining, for which the cells of the mouse macrophage cell line P388D1(IL-1) were used. Figure 8 shows cells that were incubated for 48 h with either SAM-6 or an IgM control antibody and subsequently subjected to Sudan III staining. The cells incubated with the antibody SAM-6 show, by their

red coloration, distinct deposition of neutral fats. The cells incubated with the control antibody by contrast show no changes.

For the stains shown in Figure 9, the macrophages were cultivated for 24 h both with and without FCS supplement. Then, for a further 24 h, either only LDL, or only SAM-6, or LDL and SAM-6 together were respectively added. Subsequently staining with Sudan III was carried out. The left figure column with the Figures 9A, 9C and 9E show cells that were cultivated without supplementation of FCS. The right image column with the Figures 9B, 9D and 9F show cells that were cultivated with supplementation of FCS.

Figures 9A and 9B demonstrate that both macrophages that were cultivated without FCS and macrophages that have grown in the presence of FCS show basal deposition of neutral fats. Figure 9C demonstrates that when SAM-6 is supplemented to macrophages that were cultivated without FCS, no fat deposition is evident. As shown in Figure 9D, on the other hand, a reinforced lipid accumulation is observed in macrophages that were cultivated with FCS and subsequently had SAM-6 added to them. Figures 9E and 9F demonstrate that, with a co-incubation of SAM-6 and LDL, the intracellular lipid accumulation increases substantially both in macrophages that were cultivated with FCS and in those that have grown without the addition of FCS..

Figure 10 shows the effect of the antibody SAM-6 on LDL values *in vivo*. In the experiment, 1 mg of purified SAM-6 antibodies and, in the control experiment, 1 mg of human Chrompure IgM (isotype control) were injected into the mice intraperitoneally. The LDL concentration in the blood was measured after 24 and 48 h. After 24 and 48 hours, a clear reduction of serum LDL can be observed in the mice treated with SAM-6.

The measurement of LDL in the blood serum was carried out automatically with the MODULAR D P800 instrument (Roche), the plotted values being obtained as a result of the "LDL Cholesterol Direct" diagnostic kit (Roche Diagnostics).

Figure 11 also demonstrates the *in vivo* effect of SAM-6.10, an indirect method according to the Friedewald formula being used to calculate the values. Here, the amount of LDL is calculated from the difference between total cholesterol, HDL and triglycerides. According to this manner of evaluating the experiment, the reduction of the concentration of LDL in the serum after SAM 6.10 treatment is even greater. However, this indirect measurement method must be regarded as less accurate in comparison to the method used in Figure 10.